

RECEIVED*BB*UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISIONMAR 20 2008 AM
Mar 20, 2008
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT*Louis Lashley*(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

*Cook County medical
Department*08CV1633
JUDGE ANDERSEN
MAGISTRATE JUDGE BROWN

(To be supplied by the Clerk or _____)

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")**CHECK ONE ONLY:**

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

A. Name: Louis Lashley

B. List all aliases: _____

C. Prisoner identification number: 2005-0048201

D. Place of present confinement: Cook County Jail

E. Address: P.O. Box 089002 Chicago, IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

A. Defendant: Cook County medical Department
Title: medical Services and patient Scheduling
Place of Employment: Cook county Department of Corrections

B. Defendant: _____
Title: _____
Place of Employment: _____

C. Defendant: _____
Title: _____
Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

A. Name of case and docket number: Louis Lashley # 2005-0048201 v.
Cook County medical Department 08 C 357

B. Approximate date of filing lawsuit: 01 - 07 - 08

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: _____

D. List all defendants: Cook County medical Department
officer patterson and officer nichols of
the Cook County Department of Corrections
3 to 11 Shift Division 9

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Cook

F. Name of judge to whom case was assigned: Wayne R. Andersen

G. Basic claim made: medical negligence

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): still pending

I. Approximate date of disposition: _____

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On this day of oct. 19th 2007 plaintiff was stab in his left middle finger while in the cook county Department of Corrections Division 9 unit 9E. plaintiff was then taken to mount giani hospital and seen by a hand specialist who determined that surgery was indeed needed in order to repair the nerves that were damaged in plaintiff left middle finger. plaintiff was given 13 stitches to his left middle finger to stop the continuous flow of bleeding. plaintiff was discharged oct. 21st 2007 and was scheduled by the hand specialist to return to mount giani hospital the following day of oct. 22nd so that he could perform the surgery to repair the plaintiff damaged nerves. on oct. 22nd 2007 the plaintiff was denied by the cook county medical services to return to mount giani hospital for his surgery. plaintiff was later informed that he had been re-scheduled and that plaintiff case had been transferred to John strogers hospital. on nov. the 7th 2007 plaintiff was sent to strogers hospital to be evaluated and examined by the medical staff of strogers

hospital. plaintiff was diagnosed with the same conclusion that surgery was needed in order to repair the nerves that caused the plaintiff to experience a lack of sensation in his middle left finger. plaintiff was scheduled for a same day surgery to be performed on nov. 14th of 2007. again plaintiff was denied and not sent out to receive the medical services he needed. again plaintiff was rescheduled for surgery on nov. 23rd of 2007 and jan. 2nd of 2008 and on both of those occasions the specialist did not or either could not show up. plaintiff has no longer been scheduled to return to the hospital to receive surgery. according to Dr. Kevin Sims of the cook county jail, "after 3 months a surgical staff would not perform surgery due to the length of time that has passed; more so, nerve damage is to be repaired immediately if possible. plaintiff feels he should have never been discharged from mount siani hospital on oct. 21st when his surgery was due to be performed the following day of oct 22. 2007. furthermore, plaintiff feels that due to the county negligence to adhere to the procedures of a scheduled surgery date that he is now forced to suffer with a lack of sensation in his middle left finger. plaintiff also feels that the county was given sufficient ^{time} to have the surgery done. to conclude, plaintiff feels that he was neglected and denied the proper medical attention needed and required by the county to all detainees.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

that the County medical Department be held liable for the plaintiff's ongoing pain and sufferings

VI. The plaintiff demands that the case be tried by a jury. YES NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 03 day of 17, 20 08

Louis Lashley
(Signature of plaintiff or plaintiffs)

Louis Lashley
(Print name)

2005-0048201
(I.D. Number)

P.O. Box 689002

Chicago, Illinois 60608
(Address)